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ABSTRACT

One area of communication education that is ripe for growth is that of health communication, where human communication knowledge is adapted to the demands of health care practice. The development of interdisciplinary communication programs such as curricula in health communication can begin to bridge the gap in knowledge between different disciplines and provide epistemological gains for both health care scholars and communication scholars. Problems and issues in the delivery of health care such as lack of patient compliance, misunderstandings and miscommunications between practitioners and patients, unrealistic expectations by both patients and health professionals, and insensitivity in helper-patient relationships are explored in health communication courses. Human communication training, focusing on the relationship between health care and human interaction, can provide the impetus necessary to facilitate in health care professionals both an appreciation for the importance of human communication, and the development of effective health communication skills. (HOD)

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Communication Education in the Future:

the Emerging Area of Health Communication

by

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Communication education in the eighties will undoubtedly go through many changes as the communication discipline develops, student interests become increasingly more career-oriented, and as communication educators attempt to address current communication-related social problems. As the communication discipline evolves as a social science communication scholars will increasingly be able to adapt communication research and theory to pragmatic applications. The growing body of communication research and theory will provide the communication educator with an arsenal of information about human interaction to use in developing innovative communication curricula. One area of communication education that is ripe for growth is in health communication, where human communication knowledge is adapted to the demands of health care practice.

In recent years several communication educators have urged an increased career orientation in communication curricula to reflect students' career interests and increase the relevance of communication education programs. For example, McBath and Burhans contend ". . . the speech communication field should be concerned with expanding the uses of human communication knowledge."[1] Human communication knowledge can be utilized by relating communication education to the

pragmatic concerns of health care delivery, training health professionals to become sensitive to the communicative demands of health care practice. Galvin and Muchmore have challenged the communication discipline to develop career-oriented communication education programs,[2] and their challenge is echoed by Piersol.[3] The evolution of communication curricula toward a concern for occupational communication skills can help train students to cope effectively with communication problems they encounter on the job. Sagen argues that undergraduate education must confront issues of social concern by training students to communicate more effectively in professional roles.[4] Health communication education will train health care students to become competent health professionals by fostering the development of increased awareness and enhanced skills in communication in health care settings.

In an academic era of dwindling student enrollments, shifts in students' scholastic orientation towards career preparatory education, and the demand for academic disciplines to justify their existence, the development and introduction of courses in health communication can bolster communication departments' quest for survival. Health communication courses will attract new students from health care educational programs to communication departments, generating new sources

of student credit hours. Evidence suggests there is a potentially large market of college students following health care educational programs who might enroll in health communication courses. A recent survey at the University of Southern California indicated the allied health care field as the career choice of the largest number of current freshmen, 24%, of the total surveyed.[5] In addition, the Carnegie Commission on Higher Education has consistently reported an increasing career orientation of undergraduate college student throughout the nineteen-seventies.[6] Many colleges and universities have preprofessional health care education programs on their campuses, in disciplines such as nursing, medicine, dentistry, pharmacy, social work, and clinical psychology indicating both student interest in entering the health care professions and availability to enroll in health communication courses. Courses in health communication can attract these students from preprofessional health care educational programs, ultimately bolstering the enrollments in communication programs.

Communiction departments in colleges and universities across the country have the unique opportunity to interface the training needs of future health care professionals by developing and offering courses in health communication

to students pursuing health related programs of study. By offering health communication courses to students in these health care programs of study communication departments can begin to develop interdisciplinary ties with health-related disciplines on their campuses by supplementing the educational programs of these health care disciplines. As Cassata has persuasively argued, health communication is an interdisciplinary field of study bridging social science and health science knowledge; ". . . health communication also draws upon the knowledge base which has been developed in the biological, psychological, social and cultural sciences. Communication scholars play a vital role in synthesizing theoretical and practical principles from these disciplines and finding application in health settings."[7] Boulding, among others, has strongly advocated the development of interdisciplinary ties between the various academic disciplines as a means of sharing relevant ideas and information.[8] Boulding cogently describes the plight of science caused by isolation of academic disciplines and failure to develop interdisciplinary programs of study and research,

> The crisis of science today arises because of the increasing difficulty of such profitable talk among scientists as a whole. Specialization has outrun Trade, communication between the disciples becomes increasingly difficult

> and the Republic of Learning is breaking up into isolated subcultures with only tenuous lines of communication between them--a situation which threatens intellectual civil war. The reason for this breakup in the body of knowledge is that in the course of specialization the receptors of information themselves become specialized. Hence physicists only talk to physicists, economists to economists--worse still, nuclear physicists only talk to nuclear physicists and econometricians to econometricians. One wonders sometimes if science will not grind to a stop in an assemblage of walled-in hermits, each mumbling to himself words in a private language that only he can understand. ....The more science breaks into sub-groups, and the less communication is possible among the disciplines, however, the greater chance there is that the total growth of knowledge is being slowed down the by loss of relevant communications. The spread of specialized deafness means that someone who ought to know something that someone else knows isn't able to find it out for lack of generalized ears.[9]

The development of interdisciplinary communication programs such as curricula in health communication can begin to bridge the gap in knowledge between different disciplines and provide epistemological gains for both health care scholars and communication scholars.

Several communication scholars have criticized our discipline's failure to address relevant social issues and to solve societal problems.[10] Becker has challenged, "If the research which has been done in the past three years in such applied fields as engineering and medicine were wiped out,

our lives would be materially changed. On the other hand, if the research which has been done in the past three years in the equally important field of communication were wiped out, I cannot conceive that it would make the slightest difference in our lives."[11] The future will bring an increased emphasis on the utility of communication research, knowledge and instruction, and the development of health communication educational programs will add to the relevance of the communication discipline by addressing current communication problems encountered in the delivery of health care services, and training future health care professionals to become more effective health care communicators. Problems and issues in the delivery of health care such as lack of patient compliance, misunderstandings and miscommunications between practioners and patients, unrealistic expectations by both patients and health professionals, and insensitivity in helper-helpee relationships are explored in health communication courses. Strategies for improving communication in health care settings and interfacing the variety of communication problems facing health care professionals are developed and examined. In this manner health communication education can begin to address relevant issues in the delivery of health care and help solve these

problems.

Health communication is an area of study concerned with the role of human interaction in the health care process. Students of health communication examine the variety of human communication phenomena crucial to the delivery of health care services to health care clintele. Several different foci of attention in health communication are the health practitioner - health client communication relationship, communicative interaction between interdependent health care professionals, flow of information throughout health care organizations, therapeutic helping interaction, as well as health care interviewing methods and techniques. Doctors, dentists, pharmacists and other health professionals depend on their ability to communicate effectively with their colleagues, patients, and families of patients in competently performing their health care responsibilities and duties.[12] For example, the doctor who interviews a new patient to establish an accurate medical history, the dentist who probes a patient's mouth to discover the source of a patient's toothache, and the pharmacist who describes the use of a prescribed drug to a customer, are all depending on their ability to communicate effectively to these health care clients to accomplish their professional tasks. Human communication

training, focusing on the relationship between health care and human interaction, can provide the impetus necessary to facilitate in health care professionals both an appreciation for the importance of human communication in health care, and the development of effective health communication skills.

Several educators have indicated a need to incorporate communication training courses in health care curricula.[13] Dennert in assessing medical education in the United States suggests, "Medical education must concentrate on the areas of interpersonal relationships and communication, on preparing individuals to be health facilitators rather than repositories of arcane knowledge and esoteric procedures."[14] Similarly, Korsch and Negrete, after an in-depth analysis of current health care conclude, "Consequently, detailed study of the process of communication between doctors (or other health professionals) and patients is essential for the improvement of the delivery of medical care."[15] During the 1961 National Health Forum on communications in Health held by the National Health Council several health care experts spoke of the general need for human communication training for health care practitioners.[16] Dr. A.C. McGuinness stated, "In the current emphasis on the science of medicine, we are apt to forget that the art of talking to our patients is perhaps even more

important than ever. . . . Today, communications is a subject that somehow must be taught to physicians, to dentists, to nurses and to all other members of the health team."[17] The development of health communication educational programs can interface the training needs of future health professionals.

To be a competent health care professional the health practitioner must be a skillful communicator with patients and co-workers. The clarity, timeliness, and sensitivity of human communication in health care settings is often critical to the physical and emotional well being of health care clients. Though a natural ability to communicate effectively interpersonally is certainly advantageous to a health care practitioner, to function as a health care professional demands a more disciplined awareness of the manner in which human interaction occurs, the ways in which their communicative behaviors affect the meanings created and behaviors taken by others, as well as the variety of messages patients and co-workers send to them in health care situations. Development of these human communication skills can help the health professional respond more appropriately to patients and co-workers. Effective human communication skills and competencies do not just happen, people are not born with them, nor do they necessarily develop naturally; human communication skills

and competencies are learned behaviors that have been examined, practiced, and mastered. Communication education designed for health care practitioners could serve to direct the training and practice of effective human communication skills for the delivery of health care services.

Present educational programs for students in the health care disciplines traditionally stress coursework in the natural and physical sciences. These health curricula are designed to provide students with information about a variety of health problems encountered by patients, helping health care students develop knowledge about the diagnosis and treatment of disease. Yet, few health education programs offer courses focusing directly on the human communication skills health care practitioners need to relate knowledge about health problems to actual health care practice. To relate health care knowledge to health care practice, health professionals must be able to elicit accurate and honest information from patients, as well as convey information clearly and persuasively to patients. The health care practitioner must be able to communicate effectively with patients to diagnose and treat their patient's health problems.

Barnlund, in an article addressed to medical educators, discusses the importance of human communication skills in

health care, and the severe limitations in medical education in providing adequate communication training for medical professionals,

> How many courses are concerned with exploring the ways illiness threatens the symbolic as well as physical self? How many class periods focus upon the communicative strategies patients use to cope with imminent threats to their survival? How much time is spent exploring the physician's own communicative style, the assumptions on which it rests, the impulses it reflects, the consequences for those he or she treats?
>
> Throughout training the future physician is preoccupied with the physical properties of the body. Medical manifestations of dysfunction, and the consequences of medical and surgical techniques. A vast array of instruments and technologies must be mastered. Is it surprising if later when faced with patients the physician should prefer to deal with their physical rather than psychic symptoms? Will medical professionals not be likely to feel more comfortable and competent handling X-rays, blood samples, printouts, and pathology reports than coping with frightened and distraught personalities? In some offices one gets the impression the physician would prefer never to meet or know the "person" being treated.[18]

Human communication training for health care professionals can orient the health care professional toward dealing with both the physical and personal emotional aspects of illness by stressing the importance of interacting with patients and finding out how the patient feels about his or her health care problem. As Barnlund points out, "Human illness is not only a physical condition but a symbolic one as well.

. . . The professional who feels involved exclusively in the maintenance of a physical mechanism and who dismisses the communicative aspect of this work operates on a simplistic and even dangerous premise."[19] Human illness can be treated effectively by the health care professional only when the professional treats both the physical and symbolic aspects of the patient's health care problem. While physical aspects of health problems can be treated with medical technology and pharmaceutical substances, the symbolic aspects of a patient's health problem must be treated symbolically - through human communication. It is certainly insufficient to train health care professionals to deal soley with the physical aspects of health problems, to the exclusion of the patient's feelings and emotions about being ill. To become a competent health professional the health care practitioner must be educated to be cognizant of the communication demands of total health care and must be trained to develop effective human communication skills. The goals of courses in health communication are to make future health professionals aware of the impact of human communication on the health care delivery process, and to help them develop communication competencies relevant to health care practice.

Communication in health care practice is an important

part of the delivery of health care services that is not currently being included in most health care educational programs. In the future communication departments in colleges and universities can help fill this void in health care education by offering health communication education to health care students and practitioners. The potential for in-service training programs for health professionals who wish to improve their on the job communication skills is great. In-service health communication training programs in local hospitals and medical centers can compliment more traditional on-campus coursework in health communication. In the near future communication programs can enhance the quality of patient-practitioner communication relationships through the development of health communication educational programs for health care professionals.

There have been several indications in recent years of the emergence of health communication education as a viable and growing part of the communication discipline. The establishment of the health communication division of the International Communication Association has done much to spread information and motivate interest in the area of health communication, as well as facilitate the production of high quality health communication research and literature.

The Eastern Communication Association has recently established their own health communication division, which will certainly continue to spread the doctrine of health communication. In 1977 the Federal Agency for the Improvement of Post-Secondary Education (F.I.P.S.E.) funded this author to develop and prepare a report and teaching manual for the introduction of college level courses in health communication.[20] Following the guidelines of this report, I have developed and introduced into the communication curricula courses in health communication at both the University of Southern California and at Purdue University Calumet, and am currently developing a similar health communication course at Indiana University-Purdue University at Indianapolis. In addition, several other communication colleagues have developed and are developing health communication courses for introduction in the communication curricula at their own respective communication departments and schools. The potential for the development of health communication education as a new and emerging area for communication education seems to be on a profitable growth trend. The further emergence of health communication educational programs can and will become an important and fruitful direction for communication education in the future.

FOOTNOTES

[1]James H. McBath, and David T. Burhans, Jr., Communication Education for Careers (Falls Church, Virginia: Speech Communication Association, 1975), p. 1.

[2]Kathleen Galvin, and John Muchmore, "Career Education: A Challenge," Central States Speech Journal, 23 (Spring, 1972), 61-63.

[3]Darrell T. Piersol, "Responsibility for Career Training," Bulletin of the Association of Departments and Administrators in Speech Communication, 6 (January, 1974), 22-24

[4]Bradley H. Sagen, "The Professions: A Neglected Model for Undergraduate Education," Liberal Education, 59 (December, 1973), 507-519.

[5]Veronica Tinscher, "The USC Freshman Class-Fall 1976," unpublished report prepared by the Office of Institutional Studies, University of Southern California, Feburary, 1977, page 3.

[6]Carnegie Commission on Higher Education, New Students and New Places: Policies for the Future Growth and Development of American Higher Education (New York: McGraw Hill, 1977); also see: Carnegie Commission on Higher Education, College Graduates and Jobs: Adjusting to a New Labor Market Situation (New York, McGraw Hill, 1973).

[7]Donald M. Cassata, "Health Communication Theory and Research: A Definitional Overview," Communication Yearbook 4 (New Brunswick, New Jersey: Transaction Books, in-press, 1980); also see: Donald M. Cassata, "Health Communication Theory and Research: An Overview of the Communication Specialist Interface," Communication Yearbook 2 (New Brunswick, New Jersey: Transaction Books, 1978, 495-503).

[8]Kenneth E. Boulding, "General Systems Theory - The Skeleton of Science," Management Science, 2 (1956), 197-208.

[9]Ibid., p. 198.

[10]Gary L. Cronkhite, "Out of the Ivory Palaces: A Proposal for Useful Research in Communication and Decision," Conceptual Frontiers in Speech-Communication, eds. Robert J. Kibler and Larry L. Barker (New York, Speech Association of America, 1969); see also: C.T. 621, "Criticism of Empirical Research in Communication," Quarterly Journal of Speech, 57 (December, 1971), p. 404; see also: David T. Burhans, Jr., Communicator Revisited: Application of Communication Knowledge in the Real World," paper presented at the Western Speech Communication Association Convention, 1975.

[11]Samuel L. Becker, "Approaches to Inquiry in Communication," paper presented to the Speech Association of America, 1967, p. 4.

[12]Barbara Korsch and Vida Negrete, "Doctor-Patient Communication," Scientific American 227 (1972) 66-74.

[13]David S. Fuller and Gustavo M. Quesada, "Communication in Medical Therapeutics," Journal of Communication, 23 (December 1973) p. 270; see also: Harold L. Walker, "Communication and the American Health Care Problem," Journal of Communication, 23 (December, 1973) p. 357; see also: Dean C. Barnlund, "The Mystification of Meaning: Doctor-Patient Encounters," Journal of Medical Education, 51 (September, 1976), p. 724.

[14]James W. Dennert, "On Humarizing Medical Education: Toward Personal Responsibility," in Humanizing the Process of Medical Education: Winning Essays of the Medical Student and Housestaff Essay Contest (Philadelphia: Society for Health and Human Values, 1976), p. 26.

[15]Korsch and Negrete, "Doctor-Patient Communication," p. 66.

[16]Helen Neal, ed., Better Communications for Better Health (New York: Columbia University Press, 1962).

[17]Ibid., 90-91.

[18]Barnlund, "The Mystification ...," 722-723.

[19]Ibid., 717-718.

[20]Gary L. Kreps, "An Undergraduate Course in Health Communication," an unpublished report commissioned by the Federal Agency for the Improvement of Post-Secondary Education, 1977.